



Pre Nutrition Curriculum Evaluation Survey

This evaluation survey should take approximately 15 minutes to complete. If you have questions about how to answer any of the questions, please contact Rita Arni by telephone at 573/751-6183 or by e-mail at arnir@dhss.mo.gov.

1. What grade(s) do you teach? _____
2. How many students *by grade* do you have in your classroom this year? _____
3. Did you teach nutrition in your classroom last year?
_____ Yes; please continue with the survey.
_____ No; stop survey and please return to Rita Arni.

If no, please explain.

4. If you did not use a curriculum provided by the Department of Health and Senior Services, how much did you spend to obtain nutrition curriculum (not supplies) last year? \$ _____

5. On an average, how many hours of classroom time each week last semester or last year was spent on nutrition education? Check the appropriate box.

Approximate Hours Spent on Nutrition Education	Last Sem.	Last Year
Average of 1 hour or less per week		
Average of 2-3 hours per week		
Average of 3-5 hours per week		
Average of 6-9 hours per week		
Average of 10 hours or more per week		

6. Did you use a nutrition curriculum last year? ____ Yes ____ No

If no, please explain.

7. If you used a specific nutrition curriculum last year, please answer the following questions for **each** curriculum used. Make additional copies of this form as needed. Fill in the requested information in the appropriate blank or circle the number below the response that most accurately describes your experience with each curriculum you used last year.

Name of Nutrition Curriculum:

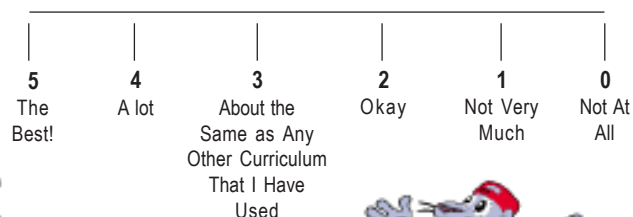
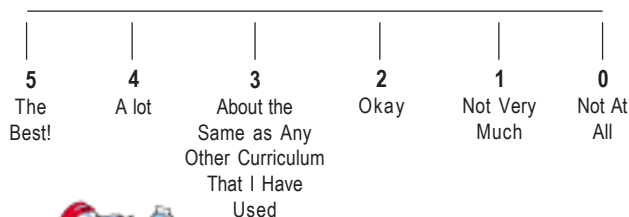
Date Started:

Date Ended:

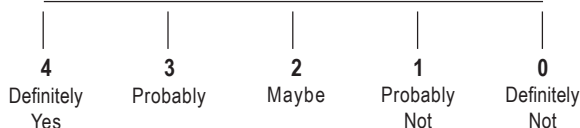
What grade(s) did you use this curriculum with? _____

How much did you like this curriculum?

Was this curriculum appropriate for all the children in your class?



Will you use this curriculum again?



8. Was this curriculum followed exactly? ____ Yes ____ No *If your answer was no, describe the changes made.*